PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 665.44-051												151	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			17					RATE	FEE	1 1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	₹ 370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		• 0			X\$ 9=		OR	X\$18=	0	
INDEPENDENT CLAIMS			minus 3 =		0			X42=		OR	X84=	Q	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	Q	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	140		
(Column 1) (Column 2) (Column 3)							_	SMALL ENTITY			OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	• /4	Minus	** 🔿	20	. —		X\$ 9=		OR	X\$18=		
AME	Independent	. 3	Minus	***, 5	2			X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
BEST AVAILABLE COPY							•	TOTA ADDIT. FE		OR	TOTAL ADDIT, FEE	/	
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. /	Minus /	9	_	#		X\$ 9=		OR	X\$18=		
	Independent	+ //	Minus	ENDENT	CI AIM	- -		X42=		OR	X84 =		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
							,	TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)			·				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	:	HIĞH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	at the				X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***			Ī	X42=		OR	X84=		
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		ľ	+140=		OR	+280=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT, FEE		
***	History Michael Mis	mber Previously Pa ber Previously Pai	aid For IN THI	S SPACE I	s less tha	n 3. enter "3."	-						

FORM PTO-875 (Rev. 8/01)

Application or Docket Number

10/02633)

BEST AVAILABLE COPY